| Department of Transitional Assistance Sample Form | A/O 3/14/05 Date Report Received 11/30/2004 1/29/2005 11/1/2004 4/27/2004 11/12/2004 10/29/2004 1/31/2005 |
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| Fiscal Year 2005 Financial | Report Received 11/30/2004 1/29/2005 11/1/2004 4/27/2004 11/1/2/2004 10/29/2004 |
| Provider Qtrly Rpt Qtrly Rpt Due Due Date | Report Received 11/30/2004 1/29/2005 11/1/2004 4/27/2004 11/1/2/2004 10/29/2004 |
| Provider / Contact Personnel FYE | Report Received 11/30/2004 1/29/2005 11/1/2004 4/27/2004 11/1/2/2004 10/29/2004 |
| Name of Provider / Contact Personnel FYE Due Due Date | 11/30/2004 11/29/2005 11/1/2004 11/1/2004 4/27/2004 11/12/2004 10/29/2004 |
| Name of Provider Sep 30 9/30/2004 11/30/2004 Name - Executive Director 12/31/2004 1/31/2005 Phone Number & Ext./E-mail Address 3/31/2005 4/30/2005 Name - Fiscal Manager 6/30/2005 7/31/2005 Name of Provider Sep 30 6/30/2004 8/31/2004 Name - Executive Director 9/30/2004 10/31/2004 Phone Number & Ext./E-mail Address 12/31/2004 1/31/2005 Name of Provider Jun 30 3/31/2004 4/30/2004 Name - Executive Director 6/30/2004 8/31/2004 10/31/2004 Phone Number & Ext./E-mail Address 9/30/2004 10/31/2004 1/31/2005 Name - Fiscal Manager 12/31/2004 1/31/2005 4/30/2005 Name - Fiscal Manager 12/31/2004 1/31/2005 8/31/2005 Name of Provider Sep 30 6/30/2004 8/31/2004 Name of Provider Sep 30 6/30/2004 8/31/2004 Name - Executive Director 9/30/2004 10/31/2004 | 11/30/2004 1/29/2005 11/1/2004 11/1/2004 11/1/2/2004 10/29/2004 |
| Name - Executive Director | 1/29/2005 11/1/2004 11/1/2004 4/27/2004 11/12/2004 10/29/2004 |
| Phone Number & Ext./E-mail Address 3/31/2005 4/30/2005 Name - Fiscal Manager 6/30/2005 7/31/2005 | 4/27/2004 11/1/2/2004 11/12/2004 10/29/2004 |
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| Phone Number & Ext./E-mail Address 12/31/2004 1/31/2005 | |
| Name - Fiscal Manager 3/31/2005 4/30/2005 | |
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| Name of Provider Jun 30 6/30/2004 7/31/2004 | 8/20/2004 |
| Name - Executive Director 9/30/2004 10/31/2004 | 12/6/2004 |
| Phone Number & Ext./E-mail Address 12/31/2004 1/31/2005 | |
| Name - Fiscal Manager 3/31/2005 4/30/2005 | |
| Name of Provider Sep 30 6/30/2004 7/31/2004 | 7/26/2004 |
| Name - Executive Director 9/30/2004 10/31/2004 | 11/3/2004 |
| Phone Number & Ext./E-mail Address 12/31/2004 1/31/2005 | 2/7/2005 |
| Name - Fiscal Manager 3/31/2005 4/30/2005 | |
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| Name of Provider Jun 30 6/30/2004 9/30/2004 | 11/12/2004 |
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| Phone Number & Ext./E-mail Address 12/31/2004 1/31/2005 | |
| Name - Fiscal Manager 3/31/2005 4/30/2005 | |
| H:CAP Monitoring Log FY2005 6/30/2005 8/31/2005 | |